

Appl. No. : 10/810,990  
Filed : March 26, 2004

### REMARKS

Claims 1-20 were pending before the Examiner. Claims 10 and 14 have been amended. Claim 19 has been canceled. No new matter has been added with these amendments. Claims 1-18 and 20 remain pending in the application.

The Examiner rejected Claims 1-20 under 35 U.S.C. 102 (è) as being anticipated by Lesh et al. (U.S. Patent No. 6,152,144). Specifically, the Examiner asserted that the embodiments illustrated in Figures 20-23 of Lesh et al. and discussed in the specification disclose the limitations recited in Claims 1-20. For at least the following reasons, Applicants respectfully traverse this rejection.

The present application is directed to methods of closing an opening in a patient. In certain embodiments, the present application relates to methods of preventing passage of embolic materials from a left atrial appendage. The methods may include the steps of positioning a patch across an opening of the left atrial appendage and securing the patch to one or more locations surrounding the opening of the left atrial appendage. The securing step may comprise securing the patch with at least one anchor. In certain other embodiments, the methods include the steps of delivering a plurality of anchors to a location adjacent an opening of the left atrial appendage and delivering the anchors into tissue surrounding the opening of the left atrial appendage. In still other embodiments, the present application relates to a method of closing an opening in a patient. The method of closing an opening in a patient includes the steps of delivering a first and a second tissue engagement structures connected to a suture to the opening, engaging the tissue engagement structures with tissue adjacent the opening, and sliding the first tissue engagement structure relative to the second tissue engagement structure along the suture to close the opening.

#### Lesh et al. Does Not Disclose the Method Recited in Claim 1:

Claim 1 of the present application recites the steps of “positioning a patch across an opening of the left atrial appendage” and “securing the patch at one or more locations surrounding the opening of the left atrial appendage.” Figures 20-23 of Lesh et al. do not disclose positioning a patch *across* an opening. Rather, these figures disclose using a closure member 173 to draw tissue of the left atrial appendage closer together into “a closed state with the closure member 173 surrounding and compressing the tissue of the annular edge as shown in

FIG. 23.” Lesh et al., col. 13, lines 60-65. Therefore, even assuming that the closure member 173 disclosed in Lesh et al. is a patch, it is not positioned *across an opening* or secured at locations *surrounding the opening* as the application sequence disclosed by Lesh et al. eliminates the opening of the left atrial appendage, resulting in complete closure of the left atrial appendage.

For at least the reasons discussed above, Applicants respectfully submit that Lesh et al. does not disclose the method recited in Claim 1 of the present application. Applicants therefore submit that Claim 1 is allowable. Claims 2-9 are likewise allowable as they depend from an allowable base claim and recite additional limitations further distinguishing the subject matter thereof.

Lesh et al. Does Not Disclose the Method Recited in Claim 10:

Claim 10 of the present application recites the steps of “delivering . . . anchors into tissue surrounding the opening of the left atrial appendage . . . wherein the *anchors remain engaged in the tissue surrounding the opening* following removal of the delivery catheter.” (emphasis added). Figures 20-23 of Lesh et al. do not disclose anchors remaining in tissue surrounding the opening of the left atrial appendage following removal of a delivery catheter. Rather, Figure 23 of Lesh et al. depicts withdrawal of tissue attachment members 158 and the helical member 163 from the left atrial appendage once the left atrial appendage has been closed by the operation sequence of Figures 20-23.

For at least the reasons discussed above, Applicants respectfully submit that Lesh et al. does not disclose the method recited in Claim 10 of the present application. Applicants therefore submit that Claim 10 is allowable. Claims 11-13 are likewise allowable as they depend from an allowable base claim and recite additional limitations further distinguishing the subject matter thereof.

Lesh et al. Does Not Disclose the Method Recited in Claim 14:

Claim 14 of the present application recites a method of closing an opening in a patient including the steps of “delivering the [first and second] tissue engagement structures to the opening using a delivery catheter . . . wherein *the tissue engagement structures remain engaged with the tissue adjacent the opening* following removal of the delivery catheter” (emphasis

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added). As noted above with respect to Claim 10 of the present application, Figures 20-23 of Lesh et al. do not disclose a first and second tissue engagement structures remaining engaged with tissue surrounding the opening of the left atrial appendage following removal of a delivery catheter. Rather, in the operation sequence of Figures 20-23 of Lesh et al., the tissue attachment members 158 and the helical member 163 are removed once the left atrial appendage has been closed.

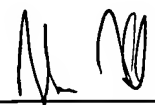
For at least the reasons discussed above, Applicants respectfully submit that Lesh et al. does not disclose the method recited in Claim 14 of the present application. Applicants therefore submit that Claim 14 is allowable. Claims 15-18 and 20 are likewise allowable as they depend from an allowable base claim and recite additional limitations further distinguishing the subject matter thereof.

In light of the above discussion, Applicants submit that Claims 1-18 and 20 are in condition for allowance and respectfully request that Examiner withdraw rejections thereof. Applicants believe no fees are due with the filing of this paper. However, should any additional fees be due, please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

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